| OUTLAY REPORT AND REQUEST FOR REIMBURSE- MENT FOR CONSTRUCTION PROGRAMS | | | Approved by Office of Management and PAGE OF Budget, No. 80-R0181 PAGES | | | |
|---|----------|---|---|--|--|--|
| | | | 1. TYPE OF REQUEST | | IS OF REQUEST | |
| (See instruct | <u> </u> | 4. FEDERAL GRANT OR | PARTIAL CA | SH ACCRUAL TIAL PAYMENT REQUEST NO. | | |
| WHICH THIS REPORTS IS SUBMITTED | | | IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENGY | | | |
| | | IT ACCOUNT OR OTHER FYING NUMBER | PERIOD COVERED BY THIS | | S REPORT | |
| | | | FROM (Month, day, year) | TO (Month | , day, year) | |
| 9. RECIPIENT ORGANIZATION | | | 10. PAYEE (Where check should be sent if different than item 9) | | | |
| Name : | | Name : | | | | |
| No. And : | | No. And : | | | | |
| Street | | Street City, : | | | | |
| City, : State and Zip Code | | | State and Zip Code | | | |
| 11. | | | S OF FUNDS | | | |
| CLASSIFICATION | | PROGR | PROGRAMS - FUNCTIONS - ACTIVITIES (b) (c) | | | |
| | | (-) | 1-7 | | | |
| a. Administrative expense | | \$ | \$ | \$ | \$ | |
| b. Preliminary expense | | | | | | |
| c. Land, structures, right-of-way | | | | | | |
| d. Architectural engineering ba | sic fees | | | | | |
| e. Other archictectural engineering fees | | | | | | |
| f. Project inspection fees | | | | | | |
| g. Land development h. Relocation expense | | | | | | |
| i. Relocation payments to indiv | /iduals | | | | | |
| and businesses | riduais | | | | | |
| j. Demolition and removal | | | | | | |
| k. Construction and project improvement cost | | | | | | |
| I. Equipment | | | | | | |
| m. Miscellaneous Cost | | | | | | |
| n. Total cumulative to date (sum of lines s thru m) | | | | | | |
| o. Deductions for program inco | | | | | | |
| p. Net cumulative to date (Line n minus line o) | | | | | | |
| q. Federal share to date | | | | | | |
| r. Rehabilitation grants (100% r bursement) | | | | | | |
| s. Total Federal share (sum of I and r) | | | | | | |
| t. Federal payment previously r | | | | | | |
| v. Percentage of physical comp | | \$ | \$ | \$ | \$ | |
| project | | % | % | % | % | |
| 12. CERTIFICATION I certify that to the best fo my knowledge and belief the billed costs or disburse-ments are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award | | a. RECIPIENT | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | DATE REPORT SUBMITTED | |
| | | | TYPED OR PRINTED | TELEPHONE (Area code, numer and extension) | | |
| | | b. Representative certifying to line 11v. | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | | DATE SIGNED | |
| | | | TYPED OR PRINTED NAME AND TITLE | | TELEPHONE (Area code, numer and extension) | |

INSTRUCTIONS

Please type or print legibly. Items 3, 4, 5, 8, 9, 10, 11s, and 11v are self-explanatory; specific instructions for other items are as follows:

| a p | Mark the appropriate box. If the request is final, the | 11j | PARAMETRA MATERIA NEGLECIA DE MATERIA DE CARACITA DE C | |
|-------------------------|--|-------------|--|--|
| | Mark the appropriate box. If the request is final, the amounts billed should represent the final cost of the project. | | Enter gross salaries and wages of employees of the recipient and payments to third party contractors directly engaged in performing demolition or removal of structures from developed land. All proceeds from the | |
| е | Show whether amounts are computed on an accrued expenditure or cash disbursement basis. | | sale of salvage or the removal of structures should be credited to this account; thereby reflecting net amounts if required by the Federal agency. | |
| t | Enter the employer identification number assigned by the U.S. Internal Revenue Service [or FICE (institution) code if requested by the Federal agency]. | 11k | Enter thise amounts associated with the actual construction of, addition to, or restoration of a facility. | |
| ic | This space is reserved for an account number or other identifying number that may be assigned by the recipient. | | Also, include in this category, the amounts for project improvements such as sewers, streets, landscaping, and lighting. | |
| p la g n in | The purpose of vertical columns (a) through (c) is to provide space for separate cost breakdowns when a large project has been planned and budgeted by program, function or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; nowever, the summary totals of all programs, func- | 111 | Enter amounts for all equipment, both fixed and movable, exclusive of equipment used for construction. For example, permanently attached laboratory tables, built-in audio visual systems, movable desks, chairs, and laboratory equipment. | |
| tic | ions, or activities should be shown in the "total" olumn on the first page. All amounts are reported on cumulative basis. | 11 m | Enter the amounts for all items not specifically mentioned above. | |
| fe | inter amounts expended for such items as travel, legal ees, rental, of vehicles and any other administrative expenses. Include the amount of interest expense | 11n | Enter the total cumulative amount to date which should be the sum of lines a through $\boldsymbol{m}_{\mathrm{c}}$ | |
| th | then authorized by program legislation. Also show the amount of interest expense on a separate sheet. | 110 | Enter the total amount of program income applied to the grant or contract agreement except income in- cluded on line j. Identify on a separate sheet of paper | |
| de | nter amounts pertaining to the work of locating and esigning, making surveys and maps, sinking test oles, and all other work required prior to actual | 116 | the sources and types of the income. | |
| llc En | onstruction. Inter all amounts directly associated with the acquision of land, existing structures and related right of | 11 p | Enter the net cumulative amount to date which should be the amount shown on line n minus the amount on line o. | |
| | ay. | 11q | Enter the Federal share of the amount shown on line p. | |
| lld En | ner basic fees for services of architectural engineers. | 11r | Enter the amount of rehabilitation grant payments | |
| | nter other architectural engineering services. Do not clude any amounts shown on line d. | | made to individuals when program legislation provides 100 percent payment by the Federal agency. | |
| rel | nter inspection and audit fees of construction and clated programs. | 1 I t | Enter the total amount of Federal payments previously requested, if this form is used for requesting reimbursement. | |
| lar im me sh | Enter all amounts associated with the development of land where the primary purpose of the grant is land improvement. The amount pertaining to land development normally associated with major construction should be excluded from this category and entered on line k. | | Enter the amount now being requested for reimburse- ment. This amount should be the difference between the amounts shown on lines s and t. If different, ex- plain on a separate sheet. | |
| ad ing rel | nter the dollar amounts used to provide relocation divisory assistance and net costs of replacement hous- g (last resort). Do not include amounts needed for location administrative expenses; these amounts accorded to included in amounts shown on line a. | 12a | To be completed by the recipient official who is responsible for the operation of the program. The date should be the actual date the form is submitted to the Federal agency. | |
| rec | nter the amount of relocation payments made by the cipient to displaced persons, farms, business con- | 12b | To be completed by the official representative who is certifying to the percent of project completion as provided for in the terms of the grant or agreement. | |